

Fermilab New/Transferring Employee Orientation Checklist

Employee's Name	<input style="width: 95%;" type="text"/>	Fermi ID#	<input style="width: 95%;" type="text"/>
Supervisor's Name	<input style="width: 95%;" type="text"/>	Fermi ID#	<input style="width: 95%;" type="text"/>
GENERAL			
<p>The supervisor must review the following information with the new/transferring employee or ensure that each applicable item is demonstrated/reviewed. The new/transferring employee should initial each item after the item has been reviewed or demonstrated and feels that they have a good grasp of the item.</p> <p>Questions or uncertainties should be cleared up before initiating the item. Upon completing the checklist, both the employee and the supervisor should sign and date the checklist.</p>			

TOPICS	INITIALS	
	Emp	Supv
<u>General Administrative Information</u>		
1. Review Fermilab ES&H Manual		
2. Safety Responsibility Employee (Include reporting of "near misses", dangerous condition, incidents, injuries, etc) Line Management Laboratory ES&H Policy and Goals		
3. ES&H Training ITNA Required Training		
4. Employee Access to Medical, Monitoring, and Personal Records		
5. Absence from Fermilab Vacation Business Trips Sick		
6. Responsibility for Property Security Key Boxes Reporting Lost or Stolen Property Removal of Property from Fermilab Assignment of Keys		
7. Use of Telephones Phone Directory Personal Calls Use of Pager		
8. Computer E-mail		

Software Security Licensing Training (MS Word, Excel, File Maker Pro, etc.)		
9. Creation and Maintenance of records		
10. ID card		
11. Vehicle Safety		
12. Mail Station Number and Location		
13. Introduction to Staff (Include location of ESH&Q representatives)		
14. Section Personnel Policy Guide		
<u>Emergency Procedures/Equipment</u>		
1. Building, Laboratory and Wilson Hall Emergency Alarms		
2. Fire Evacuation Routes		
3. Assembly areas		
4. Tornado Shelter		
5. Area Emergency Wardens		
6. Reporting of Emergencies (x3131) Spills Threats Injury Environmental Incident		
7. Exits, Safety Showers, Eyewash Fountains		
<u>Safe Work Practices</u>		
1. Compressed Gas Cylinders		
2. Lockout/Tagout		
3. Pressure Safety		
4. Housekeeping		
5. Safe Lifting Techniques		
6. Oxygen Deficiency		
7. Radiation Personnel Dosimetry Program Radiation Worker Training Source Training Material Move Training		
8. Hazardous Material Material Safety Data Sheets Labeling NFPA Review/Stamp		
9. Electrical Safety		
10. Material Handling Crane Operation		

Fork truck Operation		
11. Bloodborne Pathogens		
12. Fire Extinguishers		
13. Lasers		

TOPICS	INITIALS	
	Emp	Supv
<u>Personal Protective Equipment</u> (Care, Repair and Replacement)		
1. Eye (Safety Glasses)		
2. Foot (Safety Shoes)		
3. Head (Hard Hats)		
4. Hand (Work Gloves)		
5. Respirators Training Medical Surveillance Fit-Testing		
<u>Miscellaneous Items</u>		
1. Building access Lock Down Procedures After Hours Access Parking Locations and Restrictions		
2. Articles prohibited from being brought onto site Alcoholic Beverages Illegal Drugs Hazardous Materials Explosives and Incendiary Devices Firearms/Weapons Radioactive Sources		
3. Smoking Regulations		
4. Location of Medical Department		
5. Visitor Procedures and Responsibilities		
<u>Supervisor's Briefing</u>		
1. Expectations		
2. Roles and Responsibilities		

3. Authority		
4. Housekeeping		
5. Requisitioning Supplies and Equipment		
6. Time Off		
7. Other _____		

I have completed all the activities associated with each item which is applicable to my position within the

Division/Section/Center and have discussed all issues/concerns

with my supervisor.

Employee's signature

Date

I have discussed all applicable items with the above-named employee. I am satisfied that he/she has completed all items appropriate for their position. All items that are not applicable have been marked "NA".

Supervisor signature

Date